FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT DEP. DEP. IND. DEP. IND. IND. DEP. DEP. IND. IND. DEP. IND. TOTAL IND. Ţ TOTAL IND. _1 _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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